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**APPLICANTS**

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\*\* CONTINUING DATA ..... No. MK

\*\* FOREIGN APPLICATIONS ..... No. MK

**IF REQUIRED, FOREIGN FILING LICENSE**

GRANTED \*\* 09/13/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NJ	5	21	3
Verified and Acknowledged	<i>MK</i> Examiner's Signature <i>MK</i> Initials				

**ADDRESS**

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**TITLE**

System and method for exacting a system resource access cost

FILING FEE RECEIVED 708	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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